

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	SF		10-11-01
O.I.P.E. CLASSIFIER	/	10	10-19-01
FORMALITY REVIEW	1	690	11-08-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	10/21/01
1	✓ ✓
2	✓ ✓
3	O o
4	N N
5	✓ ✓
6	✓ ✓
7	O o
8	N N
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	O o
13	N N
14	✓ ✓
15	✓ ✓
16	✓
17	O o
18	N N
19	✓ ✓
20	✓ ✓
21	O o
22	N N
23	O o
24	✓
25	✓
26	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy

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DW  
11/01